

### Did you know?...

- *In the U.S., more than 15 percent of the population, or about 45.7 million people, had no health insurance in 2007.*
- *In Kansas, this number is 340,000. Kansas is one of only 10 states in which the percentage of uninsured increased, from 11.3% in 2005-2006 to 12.5% in 2007.*
- *The leading cause of personal bankruptcy in America is unpaid medical bills.*
- *Nine out of ten (91%) respondents to a 2006 Kansas Farm Bureau survey said they owed money to doctors.*
- *The World Health Organization ranked the United States 37<sup>th</sup> in the world for health care.*
- *Kansas was ranked 20<sup>th</sup> by the Commonwealth Fund State Scorecard on Health System Performance for 2007.*
- *We spend more than 16 percent of the U.S. Gross Domestic Product on health care every year.*
- *A 2008 Commonwealth study noted that Kansans spent \$5,382 per person for personal health care in 2004.*

## Overview of the 2008 Legislative Session

The 2008 legislative session offered Kansas an opportunity to make the idea of health reform a reality. Following an order from the 2007 Kansas Legislature, the Kansas Health Policy Authority (KHPA) gathered research and community input to develop a comprehensive legislative plan that specifically addressed the health needs of Kansans. With the goals of prevention, personal responsibility, and providing and protecting affordable health insurance in mind, the KHPA recommended a package of health reforms to the legislature.

Legislative action would have been required to institute many of the KHPA's recommendations. The KHPA submitted four bills containing the proposed policies. The legislature accepted some recommendations, eliminated others, changed some, and added items that were not part of the original KHPA plan. This process resulted in the passage of House Substitute for Senate Bill 81 and funding for a few health reform items in the omnibus budget bill.

Senate Bill 81 was approved by the Governor. The final version of the health reform compromise did not include many of the building blocks to better health, such as insuring the poorest Kansans or providing for clean indoor air statewide. However, the policies contained in Senate Bill 81 did provide support for Kansas Safety Net clinics. They also recognized the relationship between healthy mothers and healthy children by expanding Medicaid coverage for pregnant women, and including dental benefits and smoking cessation therapies for pregnant women. Should federal dollars become available, the policies will also expand the State Children's Health Insurance Program.

Though the broad health reform measures recommended by the KHPA were not adopted, the outcome is a first step in continuing the health reform conversation and keeping health at the forefront of the Kansas agenda. The KHPA remains hopeful that this long-term, ongoing process will lead eventually to a healthy Kansas for all Kansans.

## KHPA Timeline

### Key KHPA Dates

**July 1, 2005**

Kansas Health Policy Authority established by the legislature. KHPA Board sets priorities.

**July 1, 2006**

Health care programs (Medicaid, State Children's Health Insurance Fund, State Employee Health Plan) moved under the KHPA.

**2007 Legislative Session**  
KHPA asked to develop comprehensive health reform.

**2008 Legislative Session**  
Recommended reforms considered; some progress made.

**2009 Legislative Session**  
Working with stakeholders across Kansas, the KHPA will continue to recommend key reforms.

# Overview

## Kansas Health Reform

### GOALS

The goals of Kansas health reform are twofold:

- 1) To prevent the staggering rise in health care costs and chronic disease through a focus on health and wellness and high quality cost effective health care.
  - 2) To improve access to affordable health insurance.
- If these goals can be accomplished, they will be a meaningful first step towards a healthy Kansas for *all Kansans*.

### PRIORITIES

Kansans have established three priorities for health reform:

Promoting Personal Responsibility:

- For healthy behaviors,
- Effective use of health care services, and
- Sharing financial responsibility for the cost of health care;

Promoting Medical Homes and Paying for Prevention:

- To improve the coordination of health care services,
- Prevent disease before it starts, and
- Contain the rising costs of health care; and

Providing and Protecting Affordable Health Insurance:

- To help those Kansans who are most in need gain access to affordable health insurance.

The combination of these health reforms helps to improve the health status of Kansans, begins to contain the rising cost of health care in our state, and improves access to affordable health insurance.

### COMMUNITY INPUT

The Kansas Health Policy Authority received a great deal of input last year during the development of its health reform recommendations:

- We conducted a 22 city listening tour, receiving advice and suggestions from over 1,000 Kansans.
- We continue to hear from concerned citizens and stakeholder groups about their vision for Kansas health reform.
- We are guided by our governing body, the KHPA Board.
- We receive regular input from our four Advisory Councils, consisting of 140 members.
- This year during our Community Dialogue Tour, we will hear from our fellow Kansans about their health reform priorities.

### NOW IS THE TIME

Our Kansas health care system faces many of the same challenges as the national health care system:

- Health care costs continue to rise at an unsustainable rate.
- The health system is inefficient and fragmented.
- The health status of many Kansans is at risk.
- Kansas currently ranks 20<sup>th</sup> in the nation for health care system performance.
- Our community Dialogue this year is meant to hear from our fellow Kansans about their health reform priorities.

*We can and should do better.*

# 2009 Health Reform Priorities

## Statewide Indoor Smoking Ban

- Smoking is the number one preventable cause of death in Kansas. Each year, tobacco causes over 4,000 Kansas deaths, including 290 deaths attributable to second-hand smoke.
- Tobacco generates nearly \$930 million in health care costs annually.
- If the current trend continues, 54,000 Kansas youth are projected to die from smoking.
- 83% of Kansans believe smoking is a serious health hazard.
- At least 36 states, including neighboring states, have imposed restrictions on smoking in public places.

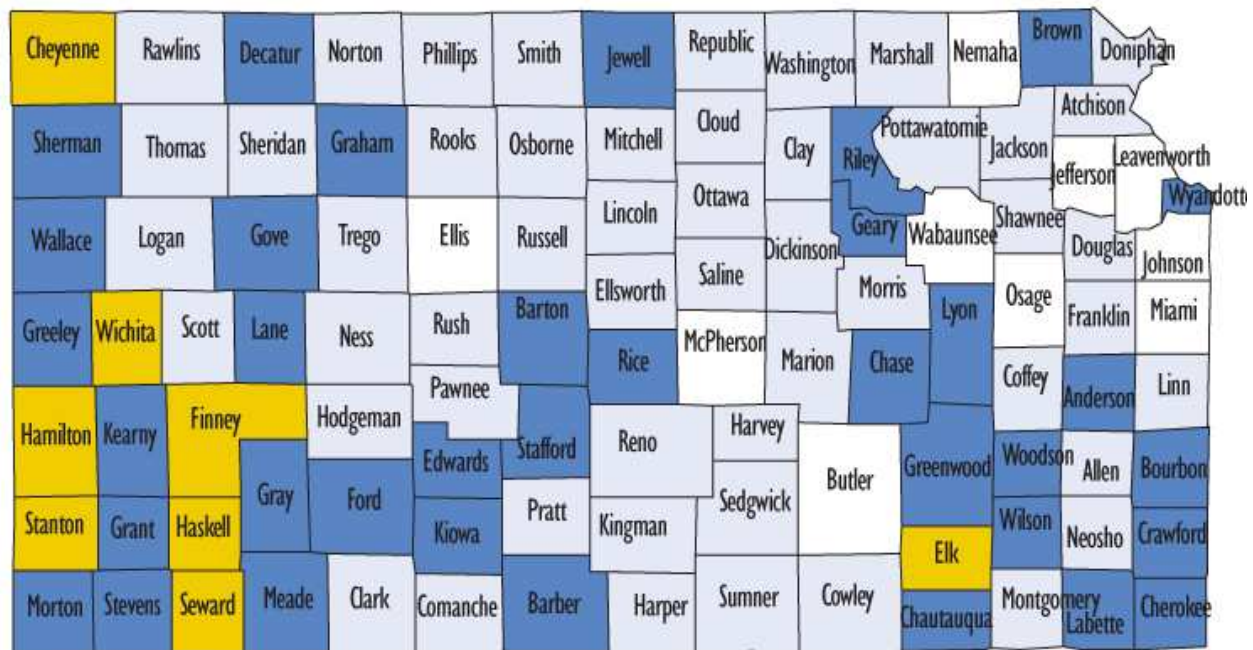
## Increased Tobacco User Fees

- A 10% increase in the price of a pack of cigarettes is associated with a 4% drop in tobacco use.
- Half of all Kansas smokers started smoking before the age of 14. Among teens, a cigarette price increase has been shown to result in a 7% reduction in smoking.
- The current excise tax on a pack of cigarettes in Kansas is \$.79 but tobacco use costs Kansans the equivalent of \$.86 per pack of cigarettes sold to pay for the tobacco-related illnesses of Medicaid recipients alone. KHPA recommends increasing the tobacco user fee by \$.75 per pack, which would provide approximately \$68.7 million in revenues in fiscal year 2010.

## Increased Access to Affordable Health Care & Health & Wellness

- Medicaid for Poor Parents: KHPA recommends expanding Medicaid to include parents earning up to federal poverty level, \$1,467 per month for a family of three.
- Improving access to affordable health insurance for small businesses and young adults.
- Implementing a statewide Community Health Record.
  - Expanding early detection for breast, cervical, colorectal and prostate cancer to prevent illness and death from failure to timely detect those diseases; expanding the coordinated school health program; providing wellness grants for small businesses.
- Providing tobacco cessation programs for Medicaid recipients.

# Uninsured Rates in Kansas by County



Percent uninsured:  6.5% to 10.0%  10.1% to 13.1%  13.2% to 17.9%  18.0% to 19.8%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE) for 2000.

Kansas Health Institute. (2008). *Health Insurance and the Uninsured in Kansas*.

## Ongoing Reforms Moving Forward:

- Strengthening and sustaining Medicaid through *Medicaid Transformation* with recommendations intended to improve cost-effectiveness and health outcomes; including comprehensive program reviews and the Data Analytic Interface.
- Working with the State Quality Improvement Institute and stakeholders to develop a *Medical Home* model which will promote communication and access to make health care more beneficial to patients.
- Focusing on *Health and Wellness* starting with the State Employee Health Plan and continuing health reform policy recommendations to benefit all Kansans.
- Expanding statewide *Health Information Technology* through work with the E-Health Advisory Council and the Community Health Record.

## What You Can Do:

Although addressing our fragmented health system will also require leadership at the federal level, the state of Kansas should debate and embrace reform solutions that can help our citizens right now. You can help make Kansas healthy. Write Letters to the Editor of your local newspaper telling your point of view. Talk with your family, friends, and neighbors. Talk to the people who make the decisions about health policy. For more information about Kansas Health Reform please visit our website <http://www.khpa.ks.gov/HealthReformHome.htm> and sign up to receive the KHPA newsletter or contact KHPA Policy Director Dr. Barb Langner at 785.296.6193.